

07-23-01

A

PATENT APPLICATION  
TRANSMITTAL

Attorney Docket No.: 02154.001

First-Named Inventor  
or Application Identifier RODGER BURROWS

Title: METHODS AND APPARATUS FOR  
ELECTRONICALLY STORING TRAVEL  
AGENT COUPONS

Express Mail Label No.: EL 450527776 US

(Only for new nonprovisional applications under 37 CFR 1.53(b))

<b>APPLICATION ELEMENTS</b> (see MPEP chapter 600 concerning utility patent application contents)	<b>ADDRESS TO:</b> Assistant Commissioner for Patents Box Patent Application Washington, D.C. 20231
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1. <input checked="" type="checkbox"/> Fee Transmittal Form <i>in duplicate</i> (e.g., PTO/SB/17)	
2. <input checked="" type="checkbox"/> Specification	Total Pages: 18
3. <input checked="" type="checkbox"/> Drawings	Total Sheets: 2
4. <input checked="" type="checkbox"/> Oath or Declaration	Total Pages: 3
a. <input checked="" type="checkbox"/> Newly Executed (original or copy) b. <input type="checkbox"/> Copy from prior application (37 CFR § 1.63(d)) (for continuation/divisional with Box 15 completed) NOTE BOX 5 BELOW i. <input type="checkbox"/> Deletion of Inventor(s): Signed statement attached deleting inventor(s) named in the prior application (see 37 CFR §§ 1.63(d)(2) and 1.33(b))	
5. <input type="checkbox"/> Incorporation by Reference ( <i>useable if Box 4b is checked</i> ) The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied under Box 4b, is considered as being part of the disclosure of the accompanying application, and is hereby incorporated by reference therein.	

## ACCOMPANYING APPLICATION PARTS

6. <input type="checkbox"/> Assignment Papers (cover sheet & document(s))	
7. <input type="checkbox"/> 37 CFR § 3.73(b) Statement ( <i>when there is an assignee</i> )	<input checked="" type="checkbox"/> Power of Attorney
8. <input type="checkbox"/> English Translation Document ( <i>if applicable</i> )	
9. <input checked="" type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449	<input type="checkbox"/> Copies of IDS Citations
10. <input type="checkbox"/> Preliminary Amendment	
11. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) ( <i>should be specially itemized</i> )	
12. <input checked="" type="checkbox"/> Small Entity Statements	
13. <input type="checkbox"/> Certified Copy of Priority Document(s) (if foreign priority is claimed)	
14. <input checked="" type="checkbox"/> Other: DECLARATION	

PATENT

## FEE TRANSMITTAL

First-Named Inventor	RODGER BURROWS
Title:	METHODS AND APPARATUS FOR ELECTRONICALLY STORING TRAVEL AGENT COUPONS
Attorney Docket No.	02154.001
<b>TOTAL AMOUNT OF PAYMENT</b>	<b>\$345.00</b>

**METHOD OF PAYMENT**

(check one)

1. <input checked="" type="checkbox"/> Payment is enclosed				
<table border="1"> <tr> <th>Deposit Account No.</th> <th>Deposit Account Name</th> </tr> <tr> <td>19-0010</td> <td>Richard M. Saccocio</td> </tr> </table>	Deposit Account No.	Deposit Account Name	19-0010	Richard M. Saccocio
Deposit Account No.	Deposit Account Name			
19-0010	Richard M. Saccocio			
<input checked="" type="checkbox"/> Charge any additional Fee Required under 37 CFR §§ 1.16 and 1.17  <input type="checkbox"/> Charge the Issue Fee set in 37 CFR § 1.18 at the Mailing of the Notice of Allowance				

**FEE CALCULATION**

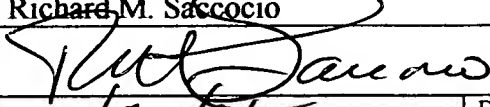
1. BASIC FILING FEE			
Small Entity			
Code	Fee (\$)	Fee Description	Fee Paid
101	345	Utility filing fee	\$345
106	155	Design filing fee	
107	240	Plant filing fee	
108	380	Reissue filing fee	
114	75	Provisional filing fee	
<b>Subtotal (1)</b>			<b>\$345</b>

**FEE CALCULATION**

(continued)

2. EXTRA CLAIM FEES			
Claims	Extra Claims	Fee from Below	Fee Paid
Total <input type="text"/> -20**	= <input type="text"/> x <input type="text"/>	= <input type="text"/>	
Ind. <input type="text"/> -3	= <input type="text"/> x <input type="text"/>	= <input type="text"/>	
Multiple Dependent			
**or number previously paid, if greater; For Reissues, see below			
Small Entity			
Fee Code	Fee (\$)	Fee Description	
103	9	Claims in excess of 20	
102	39	Independent claims in excess of 3	
104	130	Multiple dependent claim, if not paid	
109	39	**Reissue independent claims over original patent	
110	18	**Reissue claims in excess of 20 and over original patent	
<b>SUBTOTAL (2)</b>			

**FEE CALCULATION**

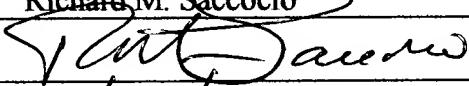
<b>SUBMITTED BY</b>			
NAME	Richard M. Saccocio	Reg. No.	26,800
SIGNATURE			
DATE	7/20/01	Deposit Account User ID	19-0010

# **ACCOMPANYING APPLICATION PARTS (continued)**

15. **IF A CONTINUING APPLICATION**  
*check appropriate box and supply the requisite information:*

☐ Continuation    
 ☐ Divisional    
 ☐ Continuation-in-Part    
 Prior Application No. \_\_\_\_\_  
 Prior Appl. Information:     Examiner:     Group/Art Unit:

## **CORRESPONDENCE ADDRESS**

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<b>NAME</b>	Richard M. Saccocio			<b>Reg. No.</b>	26,800
<b>SIGNATURE</b>					
<b>DATE</b>	7/20/01			<b>Deposit Account User ID</b>	19-0010

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